

Response to Submitted Questions regarding
2010-2011 Local Community based and Minority based partnerships
Request for Applications
February 13, 2009

1. Why does it say 'job description' on the check list for the RFA when the job description for the coordinator is part of the lead agency profile?
 - a. Include the job description in Section 1: Administration. The check list is just a reminder of the attachments for each section.
2. Will a coalition that chooses not to have a full time coordinator be rated lower than one that has a full time coordinator? Is this position one that can be "shared" - 2 part timers? It was suggested that an option could be to hire a person to work only on systems coordination. I wondered if this could serve as the other part time that would then equal a full time "coordinator" - so there'd be one person to do only cessation systems and the other to do all the other coordinator business. Of course, that would involve purchasing another computer, more office space, printer, increased mileage, and so forth.
 - a. ITPC recommends a full time coordinator; it is not required. The coalition can decide the best way to manage the position.
3. In reference to full time coordinator, we have 2 part-time coordinators that just make over 1 FTE (32 hours and 16 hours per week = 48 hours)...will that be acceptable in the new grant? Neither can work full-time and this is the set-up that we have worked with for the past 8 years.
 - a. Request hours for staffing as needed based on realistically attainable work plan objectives for your community.
4. In the RFA it mentions that ITPC would like for the coordinators to be full time. Does that mean that the Coalition Coordinator can work a 40 hour week?
 - a. Full time is generally based on a 40 hour work week. Full time hours may vary based on your organization, of course; some organizations have a 37.5 hour work week for instance. Base the number of work hours for the Coordinator on the needs in the community. If your community only needs a half time coordinator, then only budget for a coordinator at half time/part time. If your community needs more than a full time coordinator, consider other alternatives that will stretch your tobacco dollars as far as possible.

5. Instead of one position for grant manager fulltime, can we have two part-time people that would share the job and one mainly concentrate on marketing and PR.
 - a. Marketing and PR will occur at the State level, not at the local level.
Budget the number of work hours for the Coordinator as appropriate to accomplish the goals and objectives submitted in the work plan. The State is not mandating that a full time coordinator be hired, if one is not needed. The duties and responsibilities for the positions should be submitted in the budget narrative; tobacco programming activities being the primary goal of the local tobacco grant dollars.
6. Can those individuals designated to do systems change be staff or must they be contracted as consultants?
 - a. The cessation systems change job responsibilities can be with a staff person or a consultant. It is up to the coalition.
7. Are we allowed to provide direct treatment cessation services to large groups in partnership with physicians health care systems, health care centers, and hospitals or must we only train the trainers and practitioners to do so?
 - a. ITPC will not fund community cessation classes. ITPC funds may be used for direct cessation services as long as the applicant provides justification that the services are in conjunction with cessation systems change. The most important aspect of this is the cessation systems change and you are working to empower health care providers to provide direct services or refer to the Indiana Tobacco Quitline. See pages 40-41 in the CDC Best Practices for Comprehensive Tobacco Control Programs.
8. I know we can't use money to pay for classes, if other hospitals and facilities are teaching classes, can our grant pay for incentives for the classes?
 - a. No, incentives are like promotional items and ITPC is not spending funds on these items.
9. For Indicator #11, you suggested hiring a staff member to handle this cessation systems change. What is the purpose of this staff position? Is it part-time? What will this person do? What kind of background should this person have?
 - a. The staff position carries out the systems change as prescribed by the Clinical Practice Guideline for Tobacco Use Treatment and Dependence and the strategies described on page 17 of the RFA. It is up to the coalition to determine the hours per week for that position. The type of person who does this job well is someone with a "sales" skill set, people who like to talk and get out of the office and who have the knowledge of the health care industry.

10. If a cessation systems coordinator/director would be added to the grant part time, what would ITPC be looking for regarding a job description, required trainings, salary suggestions, etc.? Who would be a resource with whom to dialogue about this?
- a. These are only suggested guidelines and not required. Again see response in question 15.
11. The person who has done cessation classes also works with teens and young pregnant women and does cessation/intervention with those who smoke through a "caring hearts" program. Can we contract with Home Health care to assist in supporting this program - which definitely works with disparate population? What kind of stats would need to be kept for accountability and reporting?
- a. ITPC will not fund community cessation classes. ITPC funds may be used for direct cessation services as long as the applicant provides justification that the services are in conjunction with cessation systems change. The most important aspect of this is the cessation systems change and you are working to empower health care providers to provide direct services or refer to the Indiana Tobacco Quitline. See pages 40-41 in the CDC Best Practices for Comprehensive Tobacco Control Programs.
12. Can I no longer do individual cessation counseling? I've also been collaborating with work release and community corrections about doing cessation there - so now that's going to be out as well?
- a. ITPC will not fund community cessation classes. ITPC funds may be used for direct cessation services as long as the applicant provides justification that the services are in conjunction with cessation systems change. The most important aspect of this is the cessation systems change and you are working to empower health care providers to provide direct services or refer to the Indiana Tobacco Quitline. See pages 40-41 in the CDC Best Practices for Comprehensive Tobacco Control Programs.
13. Is there funding in the new grant cycle for online certification as in the past grant cycle?
- a. The online cessation training program is for health care providers. As part of cessation systems change in health care settings, the coalition may choose to offer to cover the minimal cost of this training to health care providers in order to increase their skill sets in providing tobacco treatment in health care settings.

14. If our city is working on Ordinance and it passes can we teach Cessation Classes to those employers who want classes for their employees? Also when the State Smoking ban passes will we be able to do any classes for those employers.
- a. Cessation services can be offered in conjunction with a policy implementation, only as part of policy implementation plan and offered on a short term basis. In addition, the Indiana Tobacco Quitline should be promoted. See the Clinical practice guidelines for additional detail on how this might work. Much of this activity, however, will not be known as the coalition writes its two-year work plan and the work plan may need to be modified as these policy changes happen.
15. On Page 42 - What do you consider a physician network?
- a. A physician network could be a group of physicians working out of one office space and/or a physician group affiliated with a health care company or hospital. By identifying physician networks and how they are set up in your community, this will help your coalition reach a large number of physicians with cessation systems change and the PHS guidelines. Strategically reach as many physicians as possible using the resources you have.
16. If a county does not do Indicator #1, does this mean that court appointed TEG programs can no longer be funded? (Some schools just refer their offenders to the court and then our coordinator holds a class once a month)?
- a. If the coalition wants to work on TAP/TEG, they must select Community Indicator #1 that includes ALL components of a CDC comprehensive school-based tobacco use prevention approach, which includes a 100% tobacco free campus.
17. How can we get prevention in the schools (such as TATU)? What indicator would that come under? Would this be a subcontract?
- a. Comprehensive tobacco use prevention in the schools is Community Indicator #1. All components of the comprehensive tobacco use prevention approach must be implemented if coalitions are going to work in this area with the schools. Coalitions may choose to subcontract with the appropriate organization to contribute to the local work plan as it makes sense for the community.
18. Can we do TEG - which in our county it is not school based but probation based - and kids referred not necessarily through smoking at school, but nevertheless caught and ticketed. It's been a contract with probation so they can provide these services. Can we continue to do this as a contract?
- a. If the coalition wants to work on TAP/TEG, they must select Community Indicator #1 that includes ALL components of a CDC comprehensive school-based tobacco use prevention approach, which includes a 100% tobacco free campus.

19. We would like to continue tobacco awareness activities in the schools, such as Red Ribbon Week, Lose Chew, etc. These aren't Voice activities, but Voice is promoted. The intention however, is not Voice but awareness of spit tobacco, etc. How do these get written into the plan?
- If the coalition wants to support youth activities such as this, they need to select Community Indicator #2. These activities should be written in the coalition's work plan if ITPC funding is to be used. The purpose of such youth tobacco activities is to increase awareness and promote activism among youth. If these are Voice activities, the main message needs to be tobacco industry marketing. Such activities would be included in a Voice work plan and reported under Voice.
20. Under Indicator 1, we have been presenting TAC (Tobacco Abuse and Consequence Interactive) presentations for the last 10 years in every 6th grade and for the last 3 years in all freshman health classes. The only part of Indicator 1 that we are not fulfilling right now in the schools is the "board approval" (commitment from administration) of this recurring presentation as part of the 6th grade curriculum and freshman curriculum. If we can get that done in the next two years, would we still be able to work on Indicator 1?
- Yes and a contract deliverable for Sept 30, 2009 is securing this written approval from the administration.
21. If health is taught in jr. high/middle school, and 10th grade, with some focus on tobacco prevention; but 9th grade is one of the areas ITPC wishes to be focused on are there any suggestions on how to overcome the state requirements for health? Or can this 9th grade touch be implemented during another class period and the coordinator is the presenter and it only be a one hour lesson?
- The recommendation to provide tobacco education at the 9th grade is that the data indicate an increase of tobacco use between 8th and 9th grade. If a school district is already providing adequate education for the 10th grade level, reaching all 9th grade students through an alternative way would be appropriate.
22. For indicator 1 (comprehensive tobacco use prevention in schools), the Teacher training component, is this a one day type training we can go into and present to teachers??
- The teacher training component could be conducted in a variety of ways based on the structure and needs of the school district you are working with. A one-day training would be acceptable and may work in some schools.

23. Please clarify what is meant by instruction curriculum and teacher training under requirements for Community Indicator #1, comprehensive tobacco use prevention in school.
- a. See CDC website (<http://www.cdc.gov/HealthyYouth/tobacco/index.htm>) on specific activities to conduct comprehensive school based tobacco use prevention.
24. Can schools that have not yet adopted 100% campus policies be funded for TAP & TEG?
- a. If the coalition wants to work on TAP/TEG, they must select Community Indicator #1 that includes ALL components of a CDC comprehensive school-based tobacco use prevention approach, which includes a 100% tobacco free campus.
25. Is there a difference between 100% "campus" and "grounds"? Does the requirement to be 100% campus / grounds apply to satellite sites and residential sites, in addition to the primary corporate center (referring to mental health and substance abuse treatment centers)?
- a. A tobacco free campus includes all inside buildings, grounds and vehicles while on the facility's property. This should apply to all locations. The policy changes with mental health and substance abuse treatment centers should be worked on this order 1) tobacco free indoors; 2) tobacco free grounds; and then 3) tobacco free residential areas.
26. Can a lead agency request an application without the approval of the 2008 reports?
- a. A previous lead agency of an ITPC partnership grant must be in good standing with all components of the fiscal and program reports in order to be considered as a lead agency for the 2010-2011 community and minority based grant program.
27. Can you request an increase in your budget due to the coordinator being full time and/or circumstances having changes that requires dividing the salary expense, such as two-thirds of a salary and one-third of a salary and instead each coalition paying for their own coordinator's full salary?
- a. The budget amount requested for salaries must reflect the plan developed and the budget narrative submitted. Base the salary amounts on the actual hours the coordinator anticipates working on the tobacco grant only. ITPC recommends a full time coordinator for each coalition.

28. Can salaries be more than program costs such as three- fourths of the budget or do they need to balance?
- a. The budget amount requested for salaries must reflect the plan developed and the budget narrative submitted. Base the salary amounts on the actual hours the coordinator anticipates working on the tobacco grant only. Write a budget that reflects the estimated cost of the written plan. There are no preconceived notions of percentages of cost of salaries versus cost of programming.
29. Will the extra allowance for media in the budget be designated for media contractor packages only or will be allowed to do our own stuff?
- a. The budget allowance for paid media is to purchase media in your local community within specific guidance and creative materials from ITPC. All messages and creative will promote the Indiana Tobacco Quitline and educate on secondhand smoke and must be approved by ITPC. ITPC works with its media contractor to ensure that a consistent message is adhered to throughout the State.
30. Is ITPC encouraging the lead agency to share the coordinator's salary if funds are not available?
- a. ITPC is encouraging the lead agency to share the expense of the program if other funding is available, regardless if it is salaries or other expenses. Build a budget on a realistically attainable tobacco control work plan within resource constraints.
31. Can the budget pay for telephone, internet and mileage for the coordinator?
- a. An appropriate percentage of the telephone and internet billings can be charged to the grant, if a method of determining cost allocation can be presented. ITPC funding can only be used for tobacco programming related expenditures, not personal expenditures or other entity expenditures not related to tobacco programming activities. Only mileage for tobacco related meetings, trainings, conferences, etc. can be charged to the grant. Commuting to and from home to your place of employment is not an allowable mileage expense.
32. If the coordinators job is a part time position, do we have to budget it for a full time position or can we add a few more hours to the position?
- a. Budget the number of work hours for the Coordinator as appropriate to accomplish the goals and objectives submitted in the work plan. The State is not mandating that a full time coordinator be hired, if one is not needed.

33. Is there a suggested amount to put in the budget for the required trainings? I thought last time ITPC suggested a dollar amount per each kind of training.
- a. While there is not a predetermined amount that ITPC recommends for training purposes, the training requirements include attendance at three Regional Meetings, a Partner Information Exchange (2-3 days) and a minimum of four (4) additional optional sessions over the course of the grant. ITPC will reimburse lodging expenses if the training in your area is more than 50 miles from your home. See the Travel Allowances handout in the “resources” section of the RFA training binder to estimate mileage, per diem and lodging costs.
34. Do we ask for the amount that is listed in our budget last year, the awarded amount plus roll over. Or just the awarded amount?
- a. There are no preset amounts earmarked or designated per county. Build your budget based on realistically attainable work plan goals for your community. ITPC is not guaranteeing any amount per county, based on previous awards, rollover dollars, etc. Awards will be based on the need of the community, merits of the application submitted, and progress achieved in the past if the entity has been a previous grant recipient of ITPC tobacco funding.
35. What percentage can we increase the salary for the coordinator position for the budget?
- a. Current tobacco Coordinator’s salaries cannot be increased beyond what is allowed by the employing entity – the lead agency. Lead agency rules apply, if the lead agency is not giving a raise, the Coordinator would not be entitled to a raise. If the Lead agency is giving a raise to employees, the tobacco grant can only be charged up to 3% of the current salary for increases. If the State places additional restrictions on salary increases for contractors that information will be passed on as received by ITPC to the Lead agency and will become effective upon receipt.
36. How much should we budget for the Head Start Program that will start in 2010-2011?
- a. At this time the only anticipated costs related to the train-the-trainer Head Start project would be the coordinator’s time in working on the initial steps and to attend the training.

37. Is #4 Indicator required for communities that have substance abuse centers that are not smoke free? All of our hospitals, community health centers and state funded mental health centers have smoke free grounds already.
- a. Communities must work to ensure all hospitals, health centers, substance abuse and mental health treatment centers have a 100% tobacco free campus policy. If these policies are 100% tobacco free campus policies, please make sure ITPC has a copy of the policies. Please make sure you check the policy list in the resource section of the RFA training binder or on the ITPC website (www.itpc.in.gov) under "smoke free air policy lists". The coalition would not be required to work on this indicator.
38. On the health assessment form, it asks is the campus tobacco free. I think I know the answer to this, but for clarification purposes, does this mean just the building or also include the parking lot and grounds?
- a. A tobacco free campus is defined as tobacco free buildings, grounds (all property), and vehicles. This policy applies to all employees and visitors.
39. I have several doctors who, upon leaving their office door, one immediately walks out to a public sidewalk. Parking is on the street. So technically, there are no "grounds" or "campus". What would be the correct response in these situations as to tobacco free campus?
- a. Obtain a copy of the physician office's policy on tobacco use for their facility. Review the policy to ensure that that a 100% tobacco free policy is in place for the property they have control over.
40. Indicator 4: If our mental health clinic cannot set its own policy but follows the main clinics campus policy (found in another county) how do we approach that?
- a. Explore ways to work with this county's coalition in addressing this policy change together.
41. Are there a set number of indicators we are required to do? (I know we have to do at least three 11,14 & 15)
- a. No. There are the three required indicators on coalition building, reaching out to disparately affected populations and promoting the Indiana Tobacco Quitline. Other indicators should be chosen based on your communities needs. Please review the indicators under the priority area of decrease exposure to secondhand smoke as there are requirements to work on certain areas of tobacco free policy, IF certain venues are not yet tobacco free campuses (i.e. schools, health care centers).

42. Where will Head Start fit into the Indicators
- a. Work with the Head Start project will fall under Community Indicator #15 reaching out to disparately affected populations. General relationship building activities and outreach would be appropriate for year 1 on the contract. In year 2 indicate the Head Start toolkit will be used.
43. Indicator 15 is talking about the head start tool kit and CD. Do we have to wait until 2010 to do this indicator or can we start it now?
- a. The toolkit and details on the Head Start project will be shared in year two of the contract. As ITPC works on the pilot project, a few preliminary activity ideas will be shared during the first quarter of the grant. These will be optional for the first year of the grant and only for coalitions ready and interested in starting early on this project.
44. I'd like to have a better grasp of the VOICE funding. Do we request the funding in the RFA and is a stipend for the Adult Ally allowed or would it be appropriate to hire as a Youth coordinator/Adult Ally?
- a. Yes, if that is what the coalition chooses to do. This should clearly appear in the budget and budget narrative.
45. Regarding staff, do other grantees pay their VOICE adult ally? I have a volunteer VOICE adult who accompanies the youth to Voice events, such as a recent Hub event and the Voice summit this month. She is a teacher who does this both at school and on her own time. I wondered about paying her for time spent with the kids for the special things such as regional and state events.
- a. The coalition may choose to include in the budget funding for a staff position, or subcontract, or stipend/honorarium to assist with their local Voice movement. As with all budget items, an explanation of this should be clearly stated in the budget narrative.
46. I know that the minority based coalition may have multiple applications. Another agency has expressed interest in becoming the lead agency. They are a 501(c3) and have had a presence in this community for many years under IMHC. The question: is it required that they would have had an audit before applying? The 501 (c3) status became in effect April 2008.
- a. All non-governmental entities are required to submit audited financial statements to be considered. If an audit is being conducted or will be conducted within the next 6 months, please indicate by when ITPC will receive the report. Also submit a list of all receipts and expenditures for the year just ended for the entity, along with year end financial statements. Include all documents, ITPC reserves the right to request additional financial statements to prove the entity will move forward as a going concern before, during, and after the contract is executed. Failure to provide such documentation could prevent the execution of the contract or

trigger the termination of the contract if the State determines it is in the State's best interest to do so.

47. Is it okay to send the partner profiles by email and ask them to fill it out electronically and send it back? If so, I assume we take it to them to get their signature.
 - a. The partner profiles may be completed electronically in order to help coalitions complete all needed profiles. Electronic signatures on these forms would be okay as well; however commitment from the partner organization must be evident in the application and profiles.
48. In indicator 13, one of the deliverables says to give 10 presentations, is it okay if coalition members make some of the presentations?
 - a. Yes, coalition members can share the responsibility of this task, as they share in other deliverables. It is important to make sure anyone giving community presentations have a clear understanding of the issues being presented.
49. Is the assessment of the top 10 (5) employees required by everyone, or just those who are working on indicator 13?
 - a. Collecting/updating the data on the top employers in your county is a contract deliverable for all partners.
50. Are the Amish considered "disparate", i.e., hard to reach? There certainly is tobacco use in among them. In my mind they would be considered a target minority group - regarding another grant for methamphetamine they are included in cultural diversity outreach.
 - a. The disparately affected population your coalition chooses to reach out to should be based on the populations in your community. ITPC suggests working with the largest populations in your community. Please provide any data, such as the number in your county, in this population as well as any information you have about their tobacco use.
51. Is it ok for us to include a few photos and perhaps samples of our work/accomplishments from the past 2 years?
 - a. This is not a required part of the application and will not be considered during the review process.